Fill in this information to iden	tify your case:		
United States Bankruptcy Coun	4 San (La.	FILED	
Northern District of Illinois	i for the:	UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS	
Northern District of Illinois			
Case number (If known):	Chapter you are	filing under: APR 19 2016	
	☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13	JEFFREY P. ALLSTEADT, CLERK	Check if this is an amended filing
	•		amended ning
Official Form 101			
<b>Voluntary Pet</b>	ition for Individu	ials Filing for Bankr	<b>uptcy</b> 12/15
the answer would be yes if eithe Debtor 2 to distinguish between same person must be Debtor 1 Be as complete and accurate as	these forms use <i>you</i> to ask for informer debtor owns a car. When informating them. In joint cases, one of the sporing all of the forms.  It is possible, if two married people are the people are the people are the people.	g alone. A married couple may file a bankrupt lation from both debtors. For example, if a for on is needed about the spouses separately, t uses must report information as <i>Debtor 1</i> and filling together, both are equally responsible form. On the top of any additional pages, wri	m asks, "Do you own a car," he form uses <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The
Part 1: Identify Yourself			
	About Debtor 1:	About Debtor 2 (Spou	se Only in a Joint Case):
1. Your full name			,
Write the name that is on your	Sabrina		
government-issued picture identification (for example,	First name	First name	
your driver's license or passport).	L Middle name		
Bring your picture	McFarland	Middle name	
identification to your meeting with the trustee.	Last name	Last name	
with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)	
2. All other names you			Along the control of
have used in the last 8	Sabrina First name	The second secon	
years	L.	First name	
Include your married or maiden names.	Middle name	Middle name	
maiden names.	Morgan Last name	Last name	
	First name		
		First name	
	Middle name	Middle name	
	Last name	Last name	
3. Only the last 4 digits of			
your Social Security	xxx - xx - <u>5 6 3</u>	7 xxx - xx	The state of the s
number or federal Individual Taxpayer	OR	OR	
Identification number	9 xx - xx	9 xx - xx	
(ITIN)	et to desperator and the second recovery to the contract of th	OFFICE CONTRACTOR OF THE CONTR	Matthe Arrana Communicação

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Debtor 1	Sabrina	McFarland Name Last Name	***************************************	Case number (# known)
	staturas services and a service services and a service services and a service service services and a service s	www.comerconductory.com		
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
and E Identi (EIN)	ousiness names imployer fication Numbers you have used in	I have not used any bus	iness names or EINs.	☐ I have not used any business names or EINs.
	st 8 years	Business name		Business name
doing L	e trade names and business as names	Business name		Business name
		<del>-</del>		
		EIN		EIN
		EIN		EIN
s. Where	you live	Maria Ma	erenteren er en eren er en er en eren er	If Debtor 2 lives at a different address:
		7847 S. Paxton Avenu	Δ	
		Number Street		Number Street
		3rd Floor		
		Chicago	IL 60649	
		City	State ZIP Code	City State ZIP Code
		Cook County	we the contraction of the contra	County
		If your mailing address is d above, fill it in here. Note th any notices to you at this mai	at the court will send	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number Street		Number Street
		P.O. Box		P.O. Box
		City	State ZIP Code	City State ZIP Code
Why yo	ou are choosing	Check one:	e de la companya de l	Check one:
<i>this dis</i> bankru	strict to file for ptcy	Over the last 180 days bet I have lived in this district I other district.	ore filing this petition, onger than in any	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Exp (See 28 U.S.C. § 1408.)	olain.	I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Sabrina L First Name Middle N	a	McFarland Last Name	Case num	nber (# known)
Part 2: Tell the Court Abo	out Your	Bankruptcy Case		
7. The chapter of the Bankruptcy Code you are choosing to file under	☑ Cha	Alupicy (Form 2010)). Also,	of each, see <i>Notice Required</i> go to the top of page 1 and ch	by 11 U.S.C. § 342(b) for Individuals Filing neck the appropriate box.
8. How you will pay the fee	your subtraction with with App  I necessory in the App  I recessory in the App	rself, you may pay with committing your payment on you a pre-printed address.  ed to pay the fee in installments of the fee in installments.	ash, cashier's check, or moyour behalf, your attorney in the last of the last	se check with the clerk's office in your pically, if you are paying the fee oney order. If your attorney is may pay with a credit card or check his option, sign and attach the allments (Official Form 103A).  Is option only if you are filing for Chapter 7. fee, and may do so only if your income is a your family size and you are unable to bu must fill out the Application to Have the ille it with your petition.
9. Have you filed for bankruptcy within the last 8 years?	Ø No □ Yes.	District  District	MM / DD / Y	YYY Case number
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?		District	When MM / DD / YY	Relationship to you  Case number, if known
11. Do you rent your residence?	☑ Yes.	residence?  No. Go to line 12.		you and do you want to stay in your ment Against You (Form 101A) and file it with

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Debtor 1	Sabrina L		McFarland		Case	e number (if known)_		
	Lascingus Widdle Ma	ame	Last Name					
Part 3:	Report About Any	Busines	ses You Own as a S	ole Propr	ietor			
of any	u a sole proprietor full- or part-time		Go to Part 4.					
busine		☐ Yes	. Name and location of t	ousiness				
busines	proprietorship is a s you operate as an		Name of business, if any		· · · · · · · · · · · · · · · · · · ·		<del></del>	
individu separat	al, and is not a e legal entity such as		name or pusiness, if any					
a corpor LLC.	ration, partnership, or		Number Street					<del></del>
If you ha	ave more than one							
separate	prietorship, use a sheet and attach it		***************************************					
to this p	etition.		City	**		State	ZIP Code	19- Application of the second
			Check the appropriate					
			Health Care Busine					
			Single Asset Real E					
			☐ Stockbroker (as def ☐ Commodity Broker					
			☐ None of the above	(as denned	III 11 0.5.C. § 10	1(6))		
Chapte Bankru are you	r filing under r 11 of the ptcy Code and a small business	most red	e filing under Chapter 1: appropriate deadlines. If ent balance sheet, state lese documents do not e	you indicate ment of one	e that you are a s erations, cash-flov	mall business d	ebtor, you	much oftenh visus
debtor'i For a def	r finition of <i>small</i>	☐ No.	I am not filing under Cha	apter 11.				
business	debtor, see 5. § 101(51D).	□ No.	No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.					
		☐ Yes.	Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.					
art 4:								
ant 49 K	eport if You Own o	r Have	Any Hazardous Prop	erty or A	ny Property Th	at Needs Im	mediate /	Attention
	own or have any	Ø No						
	that poses or is to pose a threat		What is the hazard?					
of immi	nent and ble hazard to						- Mount	
	ealth or safety?			***			<del></del>	
	ou own any that needs							
	ite attention?		If immediate attention is	s needed, w	hy is it needed?_			
perishable that must	ole, do you own goods, or livestock be fed, or a building			*****			<del></del>	
ınai needi	s urgent repairs?		Whore in the					
			Where is the property?	Number	Street			
					<del></del>			
				City			State	ZiP Code

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Debtor 1

Sabrina L. McFarland

Case number (# known)\_\_\_\_\_

Parit 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1
----------------

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1	Sabrina L	McFarland	Case number (##	(nown)			
Part 6:	Answer These Que	stions for Reporting Purp	oses				
is. What k you ha	ind of debts do	16a. <b>Are your debts prim</b> as "incurred by an individ	arily consumer debts? Consumer de dual primarily for a personal, family, or ho	bts are defined in 11 U.S.C. § 101(8) usehold purpose."			
		☐ No. Go to line 16b. ☐ Yes. Go to line 17.					
		16b. Are your debts prima money for a business or	arily business debts? Business debts investment or through the operation of the	s are debts that you incurred to obtain business or investment.			
		<ul><li>□ No. Go to line 16c.</li><li>□ Yes. Go to line 17.</li></ul>					
		16c. State the type of debts ye	ou owe that are not consumer debts or bu	siness debts.			
7. Are you Chapte	ı filing under r 7?	☐ No. I am not filing under (	Chapter 7. Go to line 18.	· · · · · · · · · · · · · · · · · · ·			
any exe	estimate that after mpt property is	Yes. I am filing under Char	oter 7. Do you estimate that after any exer ses are paid that funds will be available to	mpt property is excluded and distribute to unsecured creditors?			
exclude	d and trative expenses	Ø No		and an anaboured desires:			
are paid availabl	I that funds will be e for distribution cured creditors?	☐ Yes					
	iny creditors do mate that you	<b>2</b> 1-49 <b>□</b> 50-99	1,000-5,000	25,001-50,000			
owe?	·	☐ 100-199 ☐ 200-999	5,001-10,000 10,001-25,000	☐ 50,001-100,000 ☐ More than 100,000			
. How mu	ch do you your assets to	<b>2</b> \$0-\$50,000 <b>3</b> \$50,001-\$100,000	□ \$1,000,001-\$10 million	\$500,000,001-\$1 billion			
be worti	า?้	□ \$100,001-\$500,000 □ \$500,001-\$1 million	□ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	☐ \$1,000,000,001-\$10 billion ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion			
	ch do you	<b>3</b> \$0-\$50,000	☐ \$1,000,001-\$10 million				
estimate to be?	your liabilities	\$50,001-\$100,000	□ \$10,000,001-\$50 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion			
to be t		\$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$100 million	\$10,000,000,001-\$50 billion			
170 7/8 Si	gn Below		□ \$100,000,001-\$500 million	More than \$50 billion			
or you		I have examined this petition, a correct.	nd I declare under penalty of perjury that	the information provided is true and			
		If I have chosen to file under Ch of title 11, United States Code. under Chapter 7.	napter 7, I am aware that I may proceed, if I understand the relief available under eac	f eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed			
		If no attorney represents me anthis document, I have obtained	d I did not pay or agree to pay someone wand read the notice required by 11 U.S.C.	who is not an attorney to help me fill out § 342(b).			
		I request relief in accordance wi	th the chapter of title 11, United States Co	ode, specified in this petition.			
		I understand making a false stat	tement, concealing property, or obtaining	manay or proporty by found in any or			
		Signature of Debtor 1	magarler & Signature				
		Executed on <u>04 / 19/</u>	Signature 2016 Executed	of Debtor 2			

	Case 16-13271	Doc 1 Filed 04/ Docum					
Debtor 1	Sabrina L.	McFarland Last Name	Case number (# known)				
bankrup attorney		should understand themselves successfor	an individual, to represent yourself in bankruptcy court, but you at many people find it extremely difficult to represent ully. Because bankruptcy has long-term financial and legal re strongly urged to hire a qualified attorney.				
an attor	re represented by ney, you do not file this page.	To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.					
		court. Even if you plan to in your schedules. If you property or properly clain also deny you a discharg case, such as destroying cases are randomly audit	perty and debts in the schedules that you are required to file with the pay a particular debt outside of your bankruptcy, you must list that debt do not list a debt, the debt may not be discharged. If you do not list not as exempt, you may not be able to keep the property. The judge can be of all your debts if you do something dishonest in your bankruptcy or hiding property, falsifying records, or lying. Individual bankruptcy ted to determine if debtors have been accurate, truthful, and complete.				
		hired an attorney. The co successful, you must be t Bankruptcy Procedure, a	ut an attorney, the court expects you to follow the rules as if you had urt will not treat you differently because you are filing for yourself. To be familiar with the United States Bankruptcy Code, the Federal Rules of nd the local rules of the court in which your case is filed. You must also exemption laws that apply.				
		Are you aware that filing toonsequences?	for bankruptcy is a serious action with long-term financial and legal				
		☑ Yes					
		inaccurate or incomplete,	uptcy fraud is a serious crime and that if your bankruptcy forms are you could be fined or imprisoned?				
		☐ No ☑ Yes					
		<ul><li>☑ No</li><li>☑ Yes. Name of Person T</li></ul>	ay someone who is not an attorney to help you fill out your bankruptcy forms?  ania Stoxstell  Petition Preparer's Notice, Declaration, and Signature (Official Form 119).				
		have read and understood	ledge that I understand the risks involved in filing without an attorney. I I this notice, and I am aware that filing a bankruptcy case without an lose my rights or property if I do not properly handle the case.				
			2222 1 10				

* Salua & Marland *	
Signature of Debtor 1	Signature of Debtor 2
Date <u>04 2/ 2/0/6</u> MM / DD / YYYY	Date MM / DD / YYYY
Contact phone	Contact phone
Cell phone 773-615-6344	Cell phone
Email address Sabring-megarlando Socglobal, net	Email address

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ebtor 1	Sabrina	L.	McFarland
	First Name	Middle Name	Lest Name
Debtor 2			
Spouse, if filing	First Name	Middle Name	Last Name
		Middle Name the: Northern District of	

☐ Check if this is an amended filing

12/15

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

information. Fill out all of your schedules first; then complete the information on this form. If you are filing amende your original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	d schedules after you file
Part 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$ 0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$3,050.00
1c. Copy line 63, Total of all property on Schedule A/B	\$3,050.00
Part 22 Summarize Your Liabilities	
2. Schodulo Di Croditare Wha Lleve Oleine 2	Your liabilities Amount you owe
<ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol>	\$
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$25,262.00
Your total liabilities	\$25,262.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$357.00
Schedule J: Your Expenses (Official Form 106J)     Copy your monthly expenses from line 22c of Schedule J	\$692.00

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D	ebtor 1	Sabrina First Name	Middle Name	L. Last Name	McFarland	Case number (if known)	
E	art 4:				strative and Statis	stical Records	
6.	Are yo	u filing for ba	nkruptcy und	der Chapters 7, 1	1, or 13?		
	☐ No ☑ Ye	. You have not s	hing to report	on this part of the	form. Check this box	and submit this form to the court with your o	other schedules.
7.	What k	ind of debt do	you have?				
	☑ You fam	ur debts are p nily, or househo	rimarily cons old purpose."	sumer debts. Cor 11 U.S.C. § 101(8	nsumer debts are those i). Fill out lines 8-9g for	e "incurred by an individual primarily for a pr r statistical purposes. 28 U.S.C. § 159,	ersonal,
	You this	ur debts are n form to the co	ot primarily our our o	consumer debts. other schedules.	You have nothing to r	eport on this part of the form. Check this bo	x and submit
8.	From t	he S <i>tatement</i>	of Your Curr	ent Monthly Inco	i <b>me:</b> Copy your total o	arrent monthly income from Official	photo the same and
	Form 1	22A-1 Line 11;	OR, Form 12	28 Line 11; <b>OR</b> , F	Form 122C-1 Line 14.	ment mortally income from Official	\$ <u>357.00</u>
٥	Canu ti	aa fallawin					Name of the state

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$0.00

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Pillandi	nis information to identify your case a	nd this filing:	
Debtor 1	Sabrina L.	McFarland	
	First Name Middle Name	Last Name	
Debtor 2 (Spouse, if	filing) First Name Middle Name	Last Name	
United St	tates Bankruptcy Court for the: Northern Dis	trict of Illinois	
Case nun	mber		
			☐ Check if this is an
		<b>→</b>	amended filing
Offic	eial Form 106A/B		
Sch	nedule A/B: Prop	ertv	12/15
		e items. List an asset only once. If an asset fits in mor	
respons	ry where you think it fits best. Be as one sible for supplying correct information our name and case number (if known)	complete and accurate as possible. If two married peo n. If more space is needed, attach a separate sheet to	ole are filing together, both are equally this form. On the top of any additional pages,
		interest in any residence, building, land, or similar pro	perty?
	o. Go to Part 2, es. Where is the property?		
	out this to the property :	What is the property? Check all that apply.	Do not deduct secured claims or exemptions, Put
1.1.		Single-family home	the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
(, +,	Street address, if available, or other descript	On Duplex or multi-unit building Condominium or cooperative	
		Manufactured or mobile home	Current value of the entire property? Current value of the portion you own?
		Land	\$ 0.00 <sub>\$</sub> 0.00
		Investment property	Danish Ab
	City State ZIP	Code Timeshare Other	Describe the nature of your ownership interest (such as fee simple, tenancy by
		Who has an interest in the property? Check one	the entireties, or a life estate), if known.
		Debtor 1 only	
	County	Debtor 2 only	_
		Debtor 1 and Debtor 2 only	Check if this is community property
		At least one of the debtors and another	(see instructions)
		Other information you wish to add about this property identification number:	item, such as local
If you	own or have more than one, list here:		· · · · · · · · · · · · · · · · · · ·
		What is the property? Check all that apply.	Do not deduct secured claims or exemptions. Put
1.2.		Single-family home Duplex or multi-unit building	the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
	Street address, if available, or other descripti	on Condominium or cooperative	
		Manufactured or mobile home	Current value of the entire property? Current value of the portion you own?
		— 🔲 Land	\$ 0.00 \$ 0.00
		Investment property  Timeshare	Describe the nature of your ownership
	City State ZIP	Code Timeshare Other	interest (such as fee simple, tenancy by
		Who has an interest in the property? Check one.	the entireties, or a life estate), if known.
		Debtor 1 only	
	County	Debtor 2 only	
		Debtor 1 and Debtor 2 only	Check if this is community property

☐ At least one of the debtors and another

property identification number:

Other information you wish to add about this item, such as local

(see instructions)

Debtor	<sub>1</sub> Sabrina L.	Document Page 11 of 60  Case number (in	of transcript			
	First Name Middle Name Last Name	- Case Hariber (n	Kiloanj			
1.3	Street address, if available, or other description	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	the amount Creditors W	of any secur Tho Have Cla	ed claims or ims Secured	emptions. Put in Schedule D: if by Property. : value of th you own?
		<ul><li>Manufactured or mobile home</li><li>Land</li></ul>	•	0.00	æ	0.0
		Investment property	Ψ		Φ	
	City State ZIP Code	☐ Timeshare	Describe	the nature such as fee	of your o	vnership
		Other	the entire	ties, or a li	fe estate),	if known.
		Who has an interest in the property? Check one.	V	····	······································	
	County	Debtor 1 only				
		Debtor 2 only	_			
		Debtor 1 and Debtor 2 only		if this is co	ommunity	property
		At least one of the debtors and another	·	structions)		
		Other information you wish to add about this its property identification number:	em, such as i	local		
					r	
Add 1 vou i	the dollar value of the portion you own for all have attached for Part 1. Write that number b	l of your entries from Part 1, including any entrie	s for pages		\$	0.0
,	The state of the s	1010.				
	Describe Your Vehicles	et in any vehicles, whether they are registered or	not? Include :	anv vehicle	C	Market Strate Section & Assistant Section Section (Section Section Section Section Section Section Section Sec
you o	own, lease, or have legal or equitable interes that someone else drives. If you lease a vehicle	et in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts	not? Include a	any vehicle d Leases.	S	New York Carlo State Section Associates Asso
you own	own, lease, or have legal or equitable interes that someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles,	e, also report it on Schedule G: Executory Contracts	not? Include a	any vehicle d Leases.	s	MANA MANA MANA MANA MANA MANA MANA MANA
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Cars, N N 3.1.	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles, or es.  Make:  Model: Year: Approximate mileage: Other information:  own or have more than one, describe here: Make: Model: Year: Approximate mileage:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.	Do not deduct the amount of Creditors Who Do not deduct the amount of Creditors Who Current value amount of Creditors Who Current value Current value amount of Creditors Who Current va	ct secured clair any secure of the perty?  0.00  ct secured clair any secure of the perty?	aims or exert d claims on ms Secured  Current portion y  \$  sims or exert d claims on the course of	Schedule D: by Property.  value of the you own?  0.00  aptions. Put Schedule D: by Property.  value of the

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3.3.	Make:  Model: Year:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only	the amoun Creditors	duct secured cl t of any secure Who Have Clair	ed claims on ms Secured	Schedule D: by Property.
	Approximate mileage:	<ul><li>☐ Debtor 1 and Debtor 2 only</li><li>☐ At least one of the debtors and another</li></ul>	entire pr	value of the operty?		value of th you own?
	Other information:	Check if this is community property (see instructions)	\$	0.00	\$	0.0
3.4.	Make:	Who has an interest in the property? Check one.	Do not ded	luct secured ch	aims or exen	nptions. Put
	Model:	Debtor 1 only	the amount	t of any secure Vho Have Clair	d claims on	Schedule D:
	Year:	Debtor 2 only	_			
		Debtor 1 and Debtor 2 only		value of the		value of ti
	Approximate mileage:	<ul> <li>At least one of the debtors and another</li> </ul>	entire pro	pperty r	portion	ou own?
	Other information:	Check if this is community property (see instructions)	\$	0.00	\$	0.0
Exam  N  Y  4.1.	uples: Boats, trailers, motors, persona o es  Make:	s and other recreational vehicles, other vehicles, and accessal watercraft, fishing vessels, snowmobiles, motorcycle accesso  Who has an interest in the property? Check one.	ries  Do not dedu	uct secured cla	ims or exem	ptions. Put
Exam N Y	iples: Boats, trailers, motors, persona o es	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduthe amount Creditors W	of any secured tho Have Claim alue of the	t claims on 5 ns Secured t	Schedule D: by Property.
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Document

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Sabrina

Debtor 1

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Debtor 1

Sabrina

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First Name Middle Name

Case number (if known)

Part 3: **Describe Your Personal and Household Items** 

Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
6. Household goods and furnishings	·
Examples: Major appliances, furniture, linens, china, kitchenware	
□ No	
☑ Yes. Describe	<sub>\$</sub> 1,500.000
	<u> </u>
7. Electronics	
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
No Danish	
Yes. Describe	<b>\$</b> 50.00
8. Collectibles of value	
···	
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles  No	
Yes. Describe	s0.00
	\$0.00
9. Equipment for sports and hobbies	
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
<u>☑</u> No	
Yes. Describe	\$0.00
	Ψ
10. Firearms	
Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
☑ No ☐ Yes. Describe	
Carrest Describe	\$ <u>0.00</u>
11. Clothes	
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  No	
☑ Yes. Describe	\$1,500.00
	\$ 1,000,00
12. Jewelry	
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
☑ No	e -
Yes. Describe	\$ <u>0.00</u>
13. Non-farm animals	
Examples: Dogs, cats, birds, horses	
☑ No	
Yes. Describe	. 0.00
— Tool Boothbolininini	\$ <sup>0.00</sup>
14. Any other personal and household items you did not already list, including any health aids you did not list	
☑ No	
Yes. Give specific	<b>\$</b> 0.00
information,	<b>*</b>
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	\$3,050.00
for Part 3. Write that number here	φ <u>υ,υυυ.υυ</u>

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Debtor 1

Sabrina First Name

McFangcument

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Case number (if known)

Part 4:

**Describe Your Financial Assets** 

Middie Name

Do you own or have an	y legal or equitable interest in	any of the following?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
16. <b>Cash</b> <i>Examples:</i> Money you	ı have in your wallet, in your hom	e, in a safe deposit box, and on hand when you file your petition	)
2 No		, ,	
☐ Yes		Cash:	<sub>\$</sub> 0.00
17. Deposits of money Examples: Checking, and other	savings, or other financial accou similar institutions. If you have me	nts; certificates of deposit; shares in credit unions, brokerage ho ultiple accounts with the same institution, list each.	uses,
☑ No			
☐ Yes		Institution name:	
	17.1. Checking account:		s0.00
	17.2. Checking account:		<sub>\$</sub> 0.00
	17.3. Savings account:		\$ <sup>0.00</sup>
	17.4. Savings account:		<u>\$</u> 0.00
	17.5. Certificates of deposit:		<sub>\$</sub> 0.00
	17.6. Other financial account:		s <u>0.00</u>
	17.7. Other financial account:		\$ <u>0.00</u>
	17.8. Other financial account:		\$ 0.00
	17.9. Other financial account:		\$ <sup>0.00</sup>
18 Bonds, mutual funds	or publicly traded stocks		
Examples: Bond funds,	investment accounts with broker	age firms, money market accounts	
☑ No ☐ Yes	Institution or issuer name:		
	msaddion or issuer name.		0.00
			\$ <u>0.00</u> \$0.00
		1444	<b>3</b>
19. Non-publicly traded s	tock and interests in incorners	tod and unincorporated business at the	
an LLC, partnership, a	and joint venture	ted and unincorporated businesses, including an interest in	1
☑ No	Name of entity:	% of ownership:	
Yes. Give specific information about	·		<b>\$</b> 0.00
them			\$ <sup>0.00</sup>
	W-0-1		<b>\$</b> 0.00

Case 16-13271 Doc 1 Filed 04/19/16 Entered 04/19/16 13:23:05 Desc Main Page 15 of 60 McFangnoument Sabrina Debtor 1 Case number (if known) First Name Middle Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Ø No ☐ Yes. Give specific Issuer name: information about s<sub>0.00</sub> them..... \$<sub>0.00</sub> \$0.00 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans MO No Yes. List each account separately. Type of account: Institution name: \$0.00 401(k) or similar plan: \$0.00 Pension plan: \$0.00 IRA. \$0.00 Retirement account: s0.00 Keogh: \$0.00 Additional account: \$0.00 Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others A No 

Yes		Institution name or individual:	
	Electric:		0.00
	Gas:		0.00
	Heating oil:		0.00
	Security deposit on		0.00
	Prepaid rent:		0.00
	Telephone:		0.00
	Water:		0.00
	Rented furniture:	· · · · · · · · · · · · · · · · · · ·	0.00
	Other:	· · · · · · · · · · · · · · · · · · ·	0.00
		•	***************************************

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) M No

☐ Yes	Issuer name and description;	
	MARKET LANGUAGE CONTRACTOR CONTRA	\$0.00
		\$ <sup>0.00</sup>
		\$0.00

Case 16-13271 Doc 1 Filed 04/19/16 Entered 04/19/16 13:23:05 Desc Main McF Document Page 16 of 60 Sabrina Debtor 1 Case number (if known) First Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ☑ No ☐ Yes ..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): \$0.00\$0.00 **\$**0.00 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit **☑** No ☐ Yes. Give specific **\$**0.00 information about them .... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements V No Yes. Give specific \$0.00 information about them.... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses D No Yes. Give specific information about them.... **\$**0.00 Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you **2** No ☐ Yes. Give specific information s<sub>0.00</sub> Federal: about them, including whether \$0.00 you already filed the returns State: and the tax years..... **\$**0.00 Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ZI No Yes. Give specific information..... 0.00Alimony: \$0.00 Maintenance:

30. Other amounts someone owes you

Yes. Give specific information.....

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

Social Security benefits; unpaid loans you made to someone else

2 No

\$0.00

\$0.00

g0.00

Support:

Divorce settlement:

Property settlement:

McFari Document Page 17 of 60 Sabrina Debtor 1 Case number (if known) Middle Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☑ No Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value.... \$0.00 \$0.00 \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☑ No Yes. Give specific information..... s 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue 2 No Yes. Describe each claim. s 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims M No Yes. Describe each claim. .... <sub>\$</sub>0.00 35. Any financial assets you did not already list Z No Yes. Give specific information..... .0.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here 0.00 Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6, Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No ☐ Yes. Describe..... 0.00 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☐ No Yes. Describe...... s<sub>0.00</sub>

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Case number (# known) 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade V No Yes. Describe..... \$0.00 41. Inventory M No Yes. Describe...... **\$**0.00 42. Interests in partnerships or joint ventures O No Yes. Describe...... Name of entity: % of ownership: 0% **\$**0.00 0% \$0.00 0% **\$**0.00 43. Customer lists, mailing lists, or other compilations M No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Z No Yes. Describe...... **\$**0.00 44. Any business-related property you did not already list M No ☐ Yes. Give specific **\$**0.00 information ...... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$.00 for Part 5. Write that number here Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? M No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ☐ No ☐ Yes.....

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Sabrina

Debtor 1

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McFaDacument

Mc Pocument Page 19 of 60 Sabrina Debtor 1 Case number (if know First Name Middie Name 48. Crops—either growing or harvested Ø No ☐ Yes. Give specific information..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade Z No ☐ Yes..... s<sub>0.00</sub> 50. Farm and fishing supplies, chemicals, and feed Z No ☐ Yes..... s<sub>0.00</sub> 51. Any farm- and commercial fishing-related property you did not already list MO No Yes. Give specific information..... s0.00 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here Part 78 Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership Mo No 0.00 Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form **\$**\_0.00 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$3,050.00 57 Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 s<sub>0.00</sub> \$0.00 59. Part 5: Total business-related property, line 45 \$0.00 60 Part 6: Total farm- and fishing-related property, line 52 +<sub>\$</sub>0.00 61. Part 7: Total other property not listed, line 54 s3,050.00 62. Total personal property. Add lines 56 through 61. ..... Copy personal property total -> + \$3,050.00 63. Total of all property on Schedule A/B. Add line 55 + line 62..... 3,050.00

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(	Case 16-13271	Doc 1	Filed 04/19/16		/19/16 13:23:05	Desc Main
	22.4		Document	Page 20 of 6	U	
Fill in this in	formation to identify	our case:				
Debtor 1	Sabrina Fust Name	L. Middle Name	McFarland Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	TATTION A.		
United States	Bankruptcy Court for the: N	lorthem District	of Illinois			
Case number (If known)		· · · · · · · · · · · · · · · · · · ·	The state of the s			Check if this is an amended filing
Official F	orm 106C					ū
Sched	ule C: The	e Prop	erty You (	Claim as	Exempt	04/16
space is neede	erty you listed on Sched	dule A/B: Prope his page as ma	rty (Official Form 106A/I	<ol> <li>as your source. lis</li> </ol>	ly responsible for supplyin t the property that you cla essary. On the top of any a	im as evennt. If more
For each item	of proporty you alaim					

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

	You are cla	iming state and federal nonban iming federal exemptions. 11 L	kruptcy exemptions. 11 J.S.C. § 522(b)(2)	U.S.C. § 522(b)(3)	
2.	For any proper	rty you list on Schedule A/B t	hat you claim as exem	pt, fill in the information below.	
	Brief descripti Schedule A/B	ion of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description:	Household	\$ <u>1,500.00</u>	<b>Ø</b> \$ 1,500.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B:	6		☐ 100% of fair market value, up to any applicable statutory limit	4117
	Brief description:	Electronics	\$ <u>50.00</u>	<b>2</b> \$ 50.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B:	<u></u>		☐ 100% of fair market value, up to any applicable statutory limit	The second secon
	Brief description:	Clothing	\$ <u>1,500.00</u>	<b>2</b> \$ 1,500.00	735 ILCS 5/12-1001(a)
	Line from Schedule A/B:	11		☐ 100% of fair market value, up to any applicable statutory limit	
3.	(Subject to adjust	ng a homestead exemption of stment on 4/01/19 and every 3 y		s filed on or after the date of adjustment.)	
	☑ No ☐ Yes. Did you	a acquire the property covered b	by the exemption within	1,215 days before you filed this case?	
	☐ No☐ Yes			, a series year mad min dade.	

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Fill in this information to identify your c	ase:			
Debtor 1 Sabrina L.	McFarland			
	e Name Last Name			
	e Name Last Name			
United States Bankruptcy Court for the: Norther	n District of Illinois			
Case number (If known)				
(i Kiowi)				k if this is an ded filing
Off: 1 P 400P			Gillori	aca ming
Official Form 106D				
Schedule D: Credito	rs Who Have Claims Secur	ed by Pro	perty	12/15
mormation in more space is needed, co	e. If two married people are filing together, both are e py the Additional Page, fill it out, number the entries,	qually responsible f	or supplying corre	ect
additional pages, write your name and co	ase number (if known).	and atmost it to ting	Tomic On the top t	n any
1. Do any creditors have claims secured	by your property?			
No. Check this box and submit this fo	rm to the court with your other schedules. You have noth	ing else to report on t	his form.	
Yes. Fill in all of the information below	<b>v</b> .			
Carion List All Secured Claims				
		Column A	Column B	Column C
<ol><li>List all secured claims. If a creditor has for each claim. If more than one creditor</li></ol>	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2.	Amount of claim	Value of collateral	Unsecured
As much as possible, list the claims in alp	shabetical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion if any
2.1	Describe the property that secures the claim:	s 0.00	s 0.00	·
Creditor's Name	Describe the property that secures the claim:	\$	\$	\$ 0.00
Number Street	: 			
Matthe Street	As of the date you file, the claim is: Check all that apply			
	Contingent			
City State ZIP Code	Unliquidated			
,	☐ Disputed			
Who owes the debt? Check one.  Debtor 1 only	Nature of lien. Check all that apply.			
Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	-		
community debt				
Date debt was incurred	Last 4 digits of account number			***
	Describe the property that secures the claim:	s0.00	\$0.00	\$0.00
Creditor's Name				
Number Street	-			
	As of the date you file, the claim is: Check all that apply.	i		
	Contingent			
City State ZtP Code	Unliquidated Disputed			
Who owes the debt? Check one.	, , , , , , , , , , , , , , , , , , ,			
Debtor 1 only	Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured)			
Debtor 2 only	<ul> <li>An agreement you made (such as mortgage or secured car loan)</li> </ul>			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
Add the dollar value of your entries in	Column A on this page. Write that number here:	50.00		

Case 16-13271 Doc 1 Filed 04/19/16 Entered 04/19/16 13:23:05 Desc Main Page 22 of 60 Document Fill in this information to identify your case: Sabrina McFarland Debtor 1 First Name Middle Na Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an Case number (If known) amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. TYes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim **Priority** Nonpriority amount amount Last 4 digits of account number 0.00 \$ Priority Creditor's Name When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply Contingent ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were Is the claim subject to offset? intoxicated ☐ No Other. Specify Yes 2.2 0.00 s 0.00 s Last 4 digits of account number 0.00 Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent City ZIP Code Untiquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Is the claim subject to offset? Other, Specify

Q No □ Yes

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3. Do any creditors have nonpriority unsecured claims against you?

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ang .		- 20	• 1
雞刀	4.1	1.00	-3

#### **List All of Your NONPRIORITY Unsecured Claims**

	No. You have nothing to report in the Yes	his part. Sul	bmit this form to the	ne court with your other schedules.			
4.	List all of your nonpriority unsecure nonpriority unsecured claim, list the cre included in Part 1. If more than one cre claims fill out the Continuation Page of	eattor separa editor holds a	ately for each clair	n. For each claim listed, identify wh:	at type of claim it is. Do no	t liet alaim	e alroady
4.1	South Shore Hospital					Total c	laim
	Nonpriority Creditor's Name			Last 4 digits of account number	5 8 2 7	•	3,645.00
	8012 S. Crandon Avenue	<del></del>		When was the debt incurred?	09/03/2013	Ψ	
	Chicago	IL	60617				
	City	State	ZIP Code	As of the date you file, the claim	is: Check all that apply.		
				☐ Contingent			
	Who incurred the debt? Check one.			Unliquidated			
	Debtor 1 only			☐ Disputed			
	Debtor 2 only Debtor 1 and Debtor 2 only			T Calcalination			
	At least one of the debtors and another	_		Type of NONPRIORITY unsecu	red claim:		
				Student loans			
	Check if this claim is for a commu	inity debt		Obligations arising out of a separ- that you did not report as priority	ation agreement or divorce		
	is the claim subject to offset?			Debts to pension or profit-sharing			
	<b>☑</b> No			Other Specify Coll. Acct. M	fultiple Accts.	•	
	Yes						
4.2	NCO Financial Systems, Inc.			Last 4 digits of account number	7 3 4 7	\$	931.00
	Nonpriority Creditor's Name		***************************************	When was the debt incurred?	01/13/2014		
	P.O. Box 15740						
	Number Street	-		Am of the state was file to			
	Wilmington City	DE State	19850	As of the date you file, the claim	is: Check all that apply.		
	City	State	ZIP Code	☐ Contingent			
	Who incurred the debt? Check one.			Unliquidated			
	Debtor 1 only			☐ Disputed			
	Debtor 2 only			Time of MONDPIODITY			
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecur	red claim:		
	At least one of the debtors and another			Student loans			
	Check if this claim is for a commu	nity debt		Obligations arising out of a separa that you did not report as priority of	claims		
	is the claim subject to offset?			Debts to pension or profit-sharing	plans, and other similar debts		
	☑ No ☐ Yes			Other, Specify Collections A	Account		
	Tes		e e e e				
4.3	Crandon Emergency Physician Nonpriority Creditor's Name	ns		Last 4 digits of account number	8 2 7 0		931.00
	·			When was the debt incurred?		\$	331.00
	P.O. Box 42911 Number Street			_			
	Philadelphia	PA	19101				
	City	State	ZIP Code	As of the date you file, the claim is	s: Check all that apply.		
	Who incurred the debt? Check one.			☐ Contingent			
	Debtor 1 only			☐ Unliquidated			
	Debtor 2 only			☐ Disputed			
	Debtor 1 and Debtor 2 only						
	At least one of the debtors and another			Type of NONPRIORITY unsecure	ed claim:		
		14 1 1 1		Student loans			
	Check if this claim is for a commun	nity debt		Obligations arising out of a separat	tion agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority of  Debts to pension or profit-sharing r			
	No No			Debts to pension or profit-sharing p  Other. Specify Collections A	pians, and other similar debts		
	☐ Yes			- Julia: Opedity OolieotiO(15 /	NO COURT		

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Debtor 1

Part 2:

Sabrina
First Name Middle

Your	NONPRIORITY	Unsecured	Claims -	Continuation	Page
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ied Interstate LLC priority Creditor's Name  D. Box 4000 ber Street arrenton  Discoursed the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communic claim subject to offset? No Yes	VA State	20188 ZIP Code	Last 4 digits of account number 4 5 8 7  When was the debt incurred? 10/29/2014  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections Account	s <u>331.00</u>
D. Box 4000 ber Street arrenton  Dincurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communic claim subject to offset? No	State		As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Dincurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commune claim subject to offset? No	State		Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commune claim subject to offset? No		ZiP Code	<ul> <li>☐ Unliquidated</li> <li>☐ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
huoot Diagnostic Dath de su				
iwest Diagnostic Pathology	, SC		Last 4 digits of account number 1 1 1 9	\$ 216.00
riority Creditor's Name	,		When was the debt incurred? 09/22/2013	-
er Street				
k Ridge	IL	60068		
e incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only It least one of the debtors and another Debtor 4 debtors and another Debtor 5 debtors and another Debtor 6 debtors and another Debtor 7 debtors and another Debtor 8 debtors and another Debtor 9 debtors and another Debtor 9 debtor 9 debtors and another Debtor 9 debtor	iity debt		Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	
cago Imaging, Ltd.			Last 4 digits of account number 6 1 1 1	\$ <u>186.00</u>
. Box 3183			When was the debt incurred? 09/12/2013	
	В	60132	As of the date you file, the claim is: Check all that apply.	
		ZIP Code	Contingent	
claim subject to offset?	ity debt		<ul> <li>Unliquidated</li> <li>Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify Collections Account</li> </ul>	
TO DEFINE WHAT I BE KEEL CIKE I BE BEEL IN FOR	incurred the debt? Check one. ebtor 1 only ebtor 2 only least one of the debtors and another reck if this claim is for a communication of the debt? essembly Creditor's Name Box 3183 r Street of Steam  Incurred the debt? Check one. Ebtor 1 only ebtor 2 only least one of the debtors and another reck if this claim is for a communication of the debt? Check one. Ebtor 1 only ebtor 2 only least one of the debtors and another leck if this claim is for a communication subject to offset?	incurred the debt? Check one.  ebtor 1 only ebtor 2 only least one of the debtors and another heck if this claim is for a community debt original claim subject to offset?  es  cago Imaging, Ltd.  ority Creditor's Name  Box 3183  r Street of Steam  IL  State  IL  state  nocurred the debt? Check one.  ebtor 1 only ebtor 2 only least one of the debtors and another heck if this claim is for a community debt eck if this claim is for a community debt claim subject to offset?	Description of the debt? Check one.  State	When was the debt incurred? 09/22/2013  As of the date you file, the claim is: Check all that apply.  As of the date you file, the claim is: Check all that apply.  Contingent Uniquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Debtor 1 only least one of the debtors and another heck if this claim is for a community debt Calaim subject to offset?  As of the date you file, the claim is: Check all that apply.  Type of NONPRIORITY unsecured claim:  Student loans Debts to pension or profit-sharing plans, and other similar debts  Cago Imaging, Ltd.  Contingent Uniquidated Disputed  Type of NONPRIORITY unsecured claim:  Cother. Specity Collections Account  When was the debt incurred?  Op/12/2013  As of the date you file, the claim is: Check all that apply.  Contingent Uniquidated Disputed  As of the date you file, the claim is: Check all that apply.  Contingent Uniquidated Disputed  Type of NONPRIORITY unsecured claim:  Uniquidated Disputed  Type of NONPRIORITY unsecured claim:  State ZiP Code Disputed  Type of NONPRIORITY unsecured claim:  State JiP Code Disputed  Type of NONPRIORITY unsecured claim:  Contingent Uniquidated Disputed  Type of NONPRIORITY unsecured claim:  State JiP Code Disputed  Type of NONPRIORITY unsecured claim:  Student loans Disputed  Type of NONPRIORITY unsecured claim:  Student loans Disputed  Type of NONPRIORITY unsecured claim:  Student loans Disputed  Type of NONPRIORITY unsecured claim:  Disputed  Type of NONPRIORITY unsecured claim:  Disputed  Type of NONPRIORITY unsecured claim:  Contingent Uniquidated Disputed  Type of NONPRIORITY unsecured claim:  Disputed  Type of NONPRIORITY unsecured claim:  Contingent Uniquidated Disputed  Type of NONPRIORITY unsecured claim:  Contingent Uniquidated Disputed  Type of NONPRIORITY unsecured claim:  Contingent Uniquidated Disputed  Contingent

Part 2:

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Debtor 1

Af	ter listing any entries on this page, n	umber the	em beginning with	4.4, followed by 4.5, and so forth.	Total claim	
4.7	South Shore Radiologists			Last 4 digits of account number 5 6 3 7	s 453.00	
	Nonphority Creditor's Name P.O. Box 701			When was the debt incurred? 09/26/2013	a	
	Number Street Lansing	IL	60438	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothe Check if this claim is for a commules the claim subject to offset?  No Yes		ZIP Code	<ul> <li>Contingent</li> <li>Unliquidated</li> <li>Disputed</li> </ul> Type of NONPRIORITY unsecured claim: <ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other, Specify Collections Account</li> </ul>		
4.8						
	Advocate Trinity Hospital Nonpriority Creditor's Name			Last 4 digits of account number 1 4 5 4	s <u>1,086.00</u>	
	2320 East 93rd Street			When was the debt incurred? 09/18/2013		
	Number Street Chicago	IL	60617	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commuls the claim subject to offset?  No Yes		ZIP Code	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections Account		
4.9	4 - 4					
<u></u>	Emergency Room Providers, S	SC	. 10-0000	Last 4 digits of account number 1 9 0 1	\$ 309.00	
	P.O. Box 87618 - Dept 10264  Number Street			When was the debt incurred? 10/01/2013		
	Chicago	IL	60680	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.  Debtor 1 only	State	ZIP Code	Contingent Unliquidated Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a communisthe claim subject to offset? ☑ No ☐ Yes	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account		

Part 2

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Debtor 1

Γ	ter listing any entries on this page, r ]	number the	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
5.0	Advocate Medical Group  Nonpriority Creditor's Name			Last 4 digits of account number 5 1 9 3	s 731.00
	P.O. Box 32523			When was the debt incurred? 09/09/2013	
	Number Street Chicago	łL.	60675	As of the date you file, the claim is: Check all that apply.	
	City  Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	<del>a</del> r		Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a commist the claim subject to offset?  No Pes	unity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	
5.1	Nationwide Credit & Collectio	ns Inc.		Last 4 digits of account number 6 9 3 4	s_1,179.00
	Nonpriority Creditor's Name P.O. Box 3159			When was the debt incurred? 07/13/2012	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	Oak Brook City	IL State	60522 ZIP Code	Contingent	
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	r		<ul> <li>☐ Unliquidated</li> <li>☐ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that</li> </ul>	
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claims	
	is the claim subject to offset?  No  Yes			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	
5.2	the second of the				
اع.ت	Cottage Emergency Physician	ıs		Last 4 digits of account number 0 8 3 5	<u>\$ 538.00</u>
	7531 S STONY ISLAND AVE			When was the debt incurred? 07/13/2012	
	Number Street Chicago	IL	60649	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.  Debtor 1 only	State	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community the claim subject to offset? ☑ No ☐ Yes	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	

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Part 2:

Aft	er listing any entries on this page, n	umber the	em beginning with 4	i.4, followed by 4.5, and so forth.	Total claim
5.3	Denovus Corporation Ltd.	<del></del>		Last 4 digits of account number 3 8 1 2	\$_1,850.00
	Nonpriority Creditor's Name 480 Johnson Road, Ste 110			When was the debt incurred? 09/12/2013	
	Number Street Washington	PA	15301	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothe Check if this claim is for a commuls the claim subject to offset?  No Yes		ZIP Code	<ul> <li>□ Contingent</li> <li>□ Unliquidated</li> <li>□ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>□ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Collections Account</li> </ul>	
5.4	Myler Disability			Last 4 digits of account number 5 6 3 7	s 486.00
	Nonpriority Creditor's Name P.O. Box 127			When was the debt incurred? 01/01/2013	,
	Number Street		0.40.45	As of the date you file, the claim is: Check all that apply.	
	Lehi City	UT State	84043 ZIP Code	Contingent	
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commuls the claim subject to offset?  No Yes			Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections Account	
5.5					440.00
<u> </u>	UIC Pathology Nonpriority Creditor's Name			Last 4 digits of account number 5 6 3 7	s 112.00
	4810 Paysphere Circle			When was the debt incurred? 11/30/2012	
	Number Street Chicago	IL	60674	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another			☐ Unliquidated☐ Disputed☐ Disputed☐ Type of NONPRIORITY unsecured claim:☐ Student loans☐	
	☐ Check if this claim is for a community the claim subject to offset? ☐ No	nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	

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Part 2:

Af	er listing any entries on this page, r	number the	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
5.6	Advocate Trinity Hospital			Last 4 digits of account number 1 4 5 4	s 1,277.00
	Nonpriority Creditor's Name P.O. Box 4253			When was the debt incurred?	¥ <u> </u>
	Number Street Carol Stream	IL	60197	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commits the claim subject to offset?  No Yes	Stațe Stațe	ZIP Code	<ul> <li>Contingent</li> <li>Unliquidated</li> <li>Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify Collections Account</li> </ul>	
5.7	US Cellular Nonpriority Creditor's Name		The second secon	Last 4 digits of account number 4 5 9 4	\$ <u>192.00</u>
	Dept 0205			When was the debt incurred? 01/24/2014	
	Number Street Palatine	IL	60055	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.  Debtor 1 only	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commuls the claim subject to offset?  ☑ No ☐ Yes	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	
5.8					<sub>\$</sub> 1,277.00
	Medical Recovery Specialist L Nonpriority Creditor's Name	LC		Last 4 digits of account number 1 4 5 4	\$ 1,277.00
	2250 E. Devon Avenue, Ste 3	52		When was the debt incurred? 01/16/2014	
	Number Street  Des Plaines	ìL.	60018	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim:	
	<ul><li>Debtor 1 and Debtor 2 only</li><li>At least one of the debtors and another</li></ul>			☐ Student loans	
	Check if this claim is for a commu	nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	
	☑ No ☐ Yes				

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Your	NONF	RIOR	TY	Unsecured	Claims -	<ul> <li>Continuation</li> </ul>	Page
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Afi	er listing any entries on this page	, number th	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
5.9	Mile Square Health Center			Last 4 digits of account number 6 1 5 0	404.00
	Nonpriority Creditor's Name				<u>\$ 104.00</u>
	P.O. Box 7205  Number Street	· · · · · · · · · · · · · · · · · · ·		When was the debt incurred? 11/12/2013	
	Number Street Chicago	IL	60680	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.			Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
	At least one of the debtors and ano			Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a com	munity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset?			Other. Specify Collections Account	
	Ø No			-	
	☐ Yes				
[a a					
6.0	Northwestern Madient Francis	(A	4*	Last 4 digits of account number 5 6 3 7	- 200.00
	Northwestern Medical Facu Nonpriority Creditor's Name	ity Founda	ition	-	s <u>288.00</u>
	38693 Eagle Way			When was the debt incurred? 10/03/2013	
	Number Street Chicago	£ [	60670	As of the date you file, the claim is: Check all that apply.	
	City	IL State	60678 ZIP Code	☐ Contingent	
				Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only Debtor 2 only			T. CHANNEL TO THE CONTRACT OF	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and anoti	her		Student loans	
	☐ Check if this claim is for a com	nunitu dahé		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	Is the claim subject to offset?	munnty uent		Debts to pension or profit-sharing plans, and other similar debts	
	No			Other. Specify Collections Account	
	Yes				
<del></del>					
6.1					s 53.00
	Radiology Imaging Consulta	ints		Last 4 digits of account number 1 0 9 0	
	4440 W. 95th Street			When was the debt incurred? 01/31/2013	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	Oak Lawn City	IL State	60453 ZIP Code		
	ony .	State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.			Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only  At least one of the debtors and anoth	ner		Student loans	
				Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim is for a comm	nunity debt		Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset?			Other Specify Collections Account	
	Ø No □ Yes				

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Pa	ge
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	fter listing any entries on this page, n	umber th	em beginning wit	th 4.4, followed by 4.5, and so forth.	Total claim
6.2	Midwest Diagnostic Pathology, SC Nonpriority Creditor's Name P.O. Box 578			Last 4 digits of account number 1 1 1 9	s75.00
				When was the debt incurred? 12/11/2013	
	Number Street Park Ridge	IL.	60068	As of the date you file, the claim is: Check all that apply.	
	City  Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commuls the claim subject to offset?  ☑ No ☐ Yes	inity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	
6.3	Chex System			Last 4 digits of account number 5 6 3 7	s0.00
	Nonpriority Creditor's Name 7805 Hudson Road			When was the debt incurred? 01/01/2016	
	Number Street Woodberry	MN	55125	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another			☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commulis the claim subject to offset?  ✓ No ☐ Yes	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	
6.4					s 0.00
	Experian Bankruptcy Dept.  Nonpriority Creditor's Name		***************************************	Last 4 digits of account number <u>5 6 3 7</u>	\$0.00
	P.O. Box 2002 Number Street	···	······	When was the debt incurred? 01/01/2013	
	Allen,	TX	75013	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a communits the claim subject to offset? ☐ No ☐ Yes	ity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other, Specify Collections Account	

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Aft	er listing any entries on this pag	ge, number the	em beginning with	n 4.4, followed by 4.5, and so forth.	Total claim
6.5	First Savings Bank Blaze Nonpriority Creditor's Name			Last 4 digits of account number 5 6 3 7	<sub>\$</sub> 613.00
	P.O. BOX 5096			When was the debt incurred? 08/17/2015	
	Number Street Sioux Falls	SD	57117	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check or Debtor 1 only	ne.		Unliquidated Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only  At least one of the debtors and ar	nother		Student loans	
	Check if this claim is for a co			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	y debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections Account	
	Yes				
6.6	errore, en errore en en en en en en				
(0.0)	Barclays Bank Delaware			Last 4 digits of account number 5 6 3 7	s_1,360.00
	Nonpriority Creditor's Name P.O. BOX 8803			When was the debt incurred? 10/22/2014	
	Number Street			As of the date you file the claim in the stands of the	
	Wilmington	DE State	19899 ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent	
			2., 000	Unliquidated	
	Who incurred the debt? Check one	<b>e</b> .		☐ Disputed	
	Debtor 1 only Debtor 2 only			Town of MONDPIONISM	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and an	other		Student loans	
	☐ Check if this claim is for a cor	nmunity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	is the claim subject to offset?	·		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify_Collections Account	
	₩ No			distribution to the state of th	
	☐ Yes				
6.7	SYNCB/Walmart			Last 4 digits of account number 5 6 3 7	\$ 818.00
	Nonpriority Creditor's Name P.O. BOX 965024	***************************************		When was the debt incurred? 09/05/2006	
	Number Street	<del></del>		As of the date you file, the claim is: Check all that apply.	
	EL PASO City	TX State	ZIP Code	Contingent	
	Who incurred the debt? Check one	•		Unliquidated	
	Debtor 1 only	··		☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
	At least one of the debtors and and	other		Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a con	nmunity debt		you did not report as priority claims	
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	
	No No			•	
	☐ Yes				

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Afi	ter listing any entries on this page, r	number the	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
6.8	First National Credit Card	·····		Last 4 digits of account number 5 6 3 7	\$ 689.00
	500 East 60th Street North			When was the debt incurred? 03/01/2013	
	Number Street Sioux Falls	SD	57104	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commits the claim subject to offset? No Yes		ZIP Code	<ul> <li>□ Contingent</li> <li>□ Unliquidated</li> <li>□ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>□ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Collections Account</li> </ul>	
6.9	Credit One Bank Nonpriority Creditor's Name P.O. BOX 98872			Last 4 digits of account number 5 6 3 7  When was the debt incurred? 11/07/2010	s <u>1,078.00</u>
	Number Street Las Vegas	NV	90402	.  As of the date you file, the claim is: Check all that apply.	
	City	State	89193 ZIP Code	Contingent	
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a commute the claim subject to offset?  No Yes			<ul> <li>Unliquidated</li> <li>Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other, Specify Collections Account</li> </ul>	
7.0	Peoples Energy			Last 4 digits of account number 5 6 3 7	s 204.00
	Nonpriority Creditor's Name			When was the debt incurred? 03/12/2014	
	200 East Randolph Number Street				
	Chicago	IL. State	60601 ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent	
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communist he claim subject to offset?			☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collections Account	
	Yes				

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7.1	WEBBANK/GETTINGTON			Last 4 digits of account number 5 6 3 7	s 209.00
	Nonpriority Creditor's Name 6250 RidgeWood Road			When was the debt incurred? 09/28/2014	Y <u></u>
	Number Street Saint Cloud	MN	56303	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> </ul>	
	City	State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only			Unliquidated Disputed	
	Debtor 1 and Debtor 2 only At least one of the debtors and anothe	r		Type of NONPRIORITY unsecured claim:  U Student loans	
	Check if this claim is for a commi	unity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?  No  Yes			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify_Collections Account	
[ <u></u>	Tes			to the term of the second of the control of the second	
7.2	SYNCB/ Jcpenney Nonpriority Creditor's Name			Last 4 digits of account number 5 6 3 7	\$ <u>110.00</u>
	P.O. BOX 965007			When was the debt incurred? 03/21/2007	
	Number Street Orlando	FL	32896	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claims	
	is the claim subject to offset?  Mo  Yes	•		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collections Account	
7.3					s 75.00
-	Bryant State Bank Nonpriority Creditor's Name	····	· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number 5 6 3 7	\$8
	500 East 60th Street			When was the debt incurred? 01/26/2016	
	Sioux Falls	SD	57104	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.  Debtor 1 only	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another			<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
	Check if this claim is for a commun	nity debt		you did not report as priority claims	
	Is the claim subject to offset?  No  Yes			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	

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Commenty Bank Aven	ue	·—·	Last 4 digits of account number 5 6 3 7	<sub>\$</sub> 200
P.O. BOX 182789			When was the debt incurred? 05/01/2013	
Number Street Columbus	ОН	43218	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Checo Debtor 1 only Debtor 2 only	State ck one.	ZIP Code	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors ar			<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
☐ Check if this claim is for a ls the claim subject to offset ☐ No ☐ Yes		t	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	
Capital One	Andrew Control of the		Local Adjustment account woman 5 6 2 7	
Capitol One Nonpriority Creditor's Name	177-111-1-1		Last 4 digits of account number 5 6 3 7	\$ <u>318</u>
P.O. BOX 30253 Number Street			When was the debt incurred? 11/13/2006	
Salt Lake City	UT	84130	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check Debtor 1 only	State k one.	ZIP Code	Contingent Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and	d another		Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a is the claim subject to offset?  ✓ No ☐ Yes	=		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Multiple Accounts	
				:
First Premiere Bank Nonpriority Creditor's Name			Last 4 digits of account number 5 6 3 7	\$ <u>179.</u>
3820 North Louise Aver	nue		When was the debt incurred? 09/13/2006	
Sioux Falls	SD	57107	As of the date you file, the claim is: Check all that apply.	
City  Who incurred the debt? Check	State one.	ZIP Code	Contingent Unliquidated	
Debtor 1 only Debtor 2 only			Disputed	
Debtor 1 and Debtor 2 only At least one of the debtors and	another		Type of NONPRIORITY unsecured claim:  Student loans	
Check if this claim is for a			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?  No  Yes			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collections Account	

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Part 2

Aft	er listing any entries on this page, n	umber the	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
7.7					
L	Salute Nonpriority Creditor's Name			Last 4 digits of account number 5 6 3 7	s_1,201.00
	P.O. BOX 105555			When was the debt incurred? 05/30/2008	
	Number Street Atlanta	GA	30348	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
	Mathematica and the state of th			Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only Debtor 2 only			Town of Months manner	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	r		Student loans	
	Check if this claim is for a commu			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		inity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify Collections Account	
	Mo No ☐ Yes				
7.8				terrete de la companya de la compan La companya de la co	
L	Tribute			Last 4 digits of account number 5 6 3 7	s <u>1,449.00</u>
	Nonpriority Creditor's Name			When was the debt incurred? 11/22/2006	
	P.O. BOX 105555 Number Street			when was the debt incurred? 1722/2000	
	Atlanta	GA	30348	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.			Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Tuno of MOMPHOPHY was a sund distant	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another			<ul><li> ☐ Student loans</li><li>☐ Obligations arising out of a separation agreement or divorce that</li></ul>	
	☐ Check if this claim is for a commu	nity dobt		you did not report as priority claims	
		mty debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify Collections Account	
	Yes				
7.9					s 400.00
	Ginnys Inc. Nonpriority Creditor's Name		····	Last 4 digits of account number 5 6 3 7	T
	1112 7th Ave,			When was the debt incurred? 05/29/2013	
	Number Street			de carbon de la ca	
	Monroe	WI	53566	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a commun	nity debt		you did not report as priority claims	
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify_Collections Account	
	₩ No			Cities. Specify Concentrations Account	
	Yes				

Debtor	1	

Case 16-13271 Sabrina

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Part 2:

ner naung any entries on this	page, number them beginning wi	th 4.4, followed by 4.5, and so forth.	Total clair
Seventh Avenue		Last 4 digits of account number 5 6 3 7	s 109.6
Nonpriority Creditor's Name 1112 7th Avenue		When was the debt incurred? 08/11/2014	\$ 700.1
Number Street	346 50500	As of the date you file, the claim is: Check all that apply.	
Monroe	WI 53566 State ZIP Code		
Who incurred the debt? Chec		Contingent Unliquidated Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors an  Check if this claim is for a		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?	_	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collections Account	
Yes			
		Last 4 digits of account number	\$
Nonpriority Creditor's Name		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
City	State ZIP Code	Contingent	
		Unliquidated	
Who incurred the debt? Check	; one.	Disputed	
Debtor 1 only			
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors and	4	☐ Student loans	
At least one of the deptors and	I another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt	you did not report as priority claims	
Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts  Other Specify	
☐ No		Other. Specify	
Yes	e e e e e e e e e e e e e e e e e e e		
		Last 4 digits of account number	\$
Nonpriority Creditor's Name		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
City	State ZIP Code	Contingent	
Netter a terror and all a second		☐ Unliquidated	
Who incurred the debt? Check	one.	☐ Disputed	
Debtor 1 only			
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors and	another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
is the claim subject to offset?		Other. Specify	
☐ No ☐ Yes			

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Part S:

List Others to Be Notified About a Debt That You Already Listed

HSBC Bank Nevada, N	√.A		On which entry in Part 1 or Part 2 did you list the original creditor?
1111b Town Center Dr	ive		Line 4.4 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	······		Part 2: Creditors with Nonpriority Unsecured Claims
Las Vegas	NV	89134	Last 4 digits of account number 7 0 0 9
City	State	ZIP Code	
LVNV Funding LLC			On which entry in Part 1 or Part 2 did you list the original creditor?
625 Pilot Rd Ste 3			Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	· · · · · · · · · · · · · · · · · · ·	<del>~</del>	Part 2: Creditors with Nonpriority Unsecured
			Claims
Las Vegas	NV State	89119 ZIP Code	Last 4 digits of account number 4 5 8 7
Jackson Park Hospital	and Medica	l Center	On which entry in Part 1 or Part 2 did you list the original creditor?
7531 S Stony Island Av	ve,		Line 5.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	<del></del>	······································	Part 2: Creditors with Nonpriority Unsecured Claims
Chicae		60640	
Chicgo	IL State	60649 ZIP Code	Last 4 digits of account number 6 9 3 4
West Asset Manageme	ent, Inc.		On which entry in Part 1 or Part 2 did you list the original creditor?
Name			50 60 4 5 5
P.O. Box 790113	******************************		Line <u>5.2</u> of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claims
St. Louis	МО	63179	Last 4 digits of account number 0 8 3 5
Dity	State	ZIP Code	
DECA Financial Service	es, LLC		On which entry in Part 1 or Part 2 did you list the original creditor?
P.O. Box 910			Line 5.2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	······································	<del></del>	Part 2: Creditors with Nonpriority Unsecured
	PA.W		Claims
Fishers	IN State	46038 ZIP Code	Last 4 digits of account number 0 1 7 1
~y Credit Management, LF		Z# 0000	On which entry in Part 1 or Part 2 did you list the original creditor?
lame			ting 5.7 of (Charle and). [] Dort to Conditions with Educate Lines 2.01
P.O. Box 118288	***************************************		Line 5.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
			Claims
Carroliton	TX State	75011 ZIP Code	Last 4 digits of account number 9 8 0 3
Malcolm S. Gerald and			
wane	ASSOCIATES,	IIIU.	On which entry in Part 1 or Part 2 did you list the original creditor?
332 S. Michigan Avenu	e, Ste 600		Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber Street			2 Part 2: Creditors with Nonpriority Unsecured
Chicago	IL	60604	Claims
Cilicago	IL. State	ZIP Code	Last 4 digits of account number 5 1 9 3

State

ZIP Code

Debtor 1

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Part 48 Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim	
Total claims	6a.	Domestic support obligations	6ă.	\$	0.00
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6e.	\$	0.00
				Total claim	
Total claims	6f.	Student loans	6f.	\$	0.00
from Part 2		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	<b>+</b> s	25,262.00
	6j. 1	Fotal. Add lines 6f through 6i.	6j.	\$	25,262.00

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Debtor	Sabrina	Ļ.	McFarland
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if filing)	First Name	Middle Name	Last Name
Case number (If known)		the: Northern District of	

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State

ZIP Code

State what the contract or lease is for

2.1	IVIT. Jame	es Craig				Residential Apartment Lease
	Name					. To tabilitary partitions could
	83rd Lue	lla				
	Number	Street		**************************************		
	Chicago		IL	60649		
	City		State	ZIP Code		
2.2						
	Name		·····			
	Number	Street			**************************************	
	City		State	ZIP Code		
2.3						
	Name				~~************************************	
	Number	Street		4 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6		
	City		State	ZIP Code		
2.4						
	Name					
	Number	Street			***************************************	
	City		State	ZIP Code		
2.5						
	Name					
	Number	Street				

City

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Fill	in this i	nformation to ide	ntify your case:					
Deb	tor 1	Sabrina	L	McFarl	end			
n	tos 0	First Name	Middle Name	Last #				
	tor 2 use, if filing	3) First Name	Middle Name	Last N	lame			
Unit	ed States	Bankruptcy Court for	r the: Northern Distric	t of Illinois				
	e number	-				-		
(If kr	nown)						☐ Check i	f this is a
							amende	ed filing
Off	icial	Form 106H	<u>{</u>					
Sc	hed	ule H: Yo	ur Codeb	tors				12/15
and n	ing tog iumber i number	etner, both are eq the entries in the ' (if known). Answ	pually responsible to boxes on the left. A ver every question.	or supplying co ttach the Additi	rrect information. onal Page to this <sub>l</sub>	If more spar page. On the	ete and accurate as possible. If two mar ce is needed, copy the Additional Page, e top of any Additional Pages, write you	SHE IS ALL
1. D	Oo you h	nave any codebtor	rs? (If you are filing a	a joint case, do no	ot list either spouse	as a codebi	tor.)	
C	☐ Yes							
2. V	Vithin th	ne last 8 years, ha	ive you lived in a co	mmunity prope	rty state or territo	ry? (Commu	nity property states and territories include	
		So to line 3.	_ouisiana, Nevada, N	iew iviexico, Puei	no Rico, Texas, Wa	ashington, ar	nd Wisconsin.)	
			ormer spouse, or leg	al equivalent live	with you at the time	e?		
	☐ N				mar you at the thir	· ·		
	☐ Y	es. In which comm	nunity state or territory	y did you live?		. Fill in the	name and current address of that person.	
				, , ,,,,,,			The contain address of that person.	
	<u> </u>	lame of your spouse, for	mer spouse, or legal equiva	lient				
	 X:	lumber Street				-		
	**	dance, disect						
	c	ity	State		ZIP Code			
s S S	hown in chedule chedule	i line 2 again as a e D (Official Form e E/F, or Schedule	codebtor only if the 106D), Schedule E/ G to fill out Colum	at person is a g F (Official Form	uarantor or cosign	ner. Make su	oouse is filing with you. List the person are you have listed the creditor on tial Form 106G). Use Schedule D,	
	Column	1: Your codebtor				Co	lumn 2: The creditor to whom you owe t	he debt
						Ch	eck all schedules that apply:	
3.1						П	Schedule D, line	
	Name						Schedule E/F, line	
	Number	Street					Schedule G, line	
	City		Si	late	ZIP Code	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	,	
3.2	·		•		KIT 5545			
	Name					0	Schedule D, line	
	D						Schedule E/F, line	
	Number	Street					Schedule G, line	
<del></del> 1	City		St	ate	ZIP Code	····		
3.3						m	Catalata D. Ca	
	Name						Schedule D, line	
	Number	Street	· · · · · · · · · · · · · · · · · · ·				Schedule E/F, line Schedule G, line	
	<del></del>						GLIEUGE O, IIIE	
	City		St	ate	ZIP Code			

Fill In this	information to identify	your case:						
Debtor 1	Sabrina	L.	McFarland					
	First Name	Middle Name	Last Name					
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name					
United States	Bankruptcy Court for the:	Northern District of Illin	ois					
Case numbe	r					Check if	thie ie:	
(If known)			mananara ir		- 1		nended filing	
			***************************************			🗖 A sup	plement showing pos e as of the following	
	orm 106l	<del>-</del>				MM / i	DD / YYYY	
Sche	dule I: You	ır İncome						12/15
supplying co If you are se	orrect information, if y parated and your spoi	use is not filing with ye top of any additional	t filing jointly, and y ou, do not include in	our sp Morma	ouse is li ition abou	ving with : t vour soc	you, include informationse is	on about your spouse.
1. Fill in you informati	ur employment on.		Debtor 1				Debtor 2 or non-l	iling spouse
attach a s	e more than one job, eparate page with in about additional s.	Employment status	☐ Employed ☐ Not employ	ved			Employed Not employed	en e
include pa	art-time, seasonal, or oyed work.			,			- Not ciripidy of	
	on may include student naker, if it applies.	Occupation				·		
		Employer's name	**************************************			<del></del>		
		Employer's address	Number Street		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	die le	Number Street	
		How long amplaced	City	Stat	e ZIP Co	de	City	State ZIP Code
		How long employed t	uiefe f	-				
Part 2:	Give Details About	Monthly Income				**************************************		
spouse un If you or yo	less you are separated. our non-filing spouse ha	the date you file this f we more than one empl tach a separate sheet to	over, combine the info					•
					For De	btor 1	For Debtor 2 or non-filing spouse	
List mon deduction	thly gross wages, salans). If not paid monthly,	ary, and commissions calculate what the mont	(before all payroll hly wage would be.	2.	\$	0.00	\$	
3. Estimate	and list monthly over	time pay.		3.	+\$	0.00	+ \$	
4. Calculate	gross income. Add lir	ne 2 + line 3.		4.	\$	0.00	\$	

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McFarland

Debtor 1	Sabrina L. McFarland First Name Middle Name Last Name		Ca	se number (if know	m)	
			For	Debtor 1	For Debtor 2 or non-filing spouse	
Сор	y line 4 here	<b>≫</b> 4.	\$	0.00	\$	
5. <b>List</b>	all payroll deductions:					
5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	
5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	
5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	
5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	
5e.	Insurance	5e.	\$	0.00	\$	
5f.	Domestic support obligations	5f.	\$	0.00	\$	
5n	Union dues	5g.	\$	0.00	\$	
-	Other deductions. Specify: n/a	5h.	+ s	0.00	+ \$	
	d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.		° ₽	0.00	, <u>s</u>	
7. <b>Cal</b>	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	
8. List	all other income regularly received:					
	Net income from rental property and from operating a business, profession, or farm					
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	
8b.	Interest and dividends	8b.	\$	0.00	\$	
8c.	Family support payments that you, a non-filing spouse, or a depende regularly receive	nt				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	
8d.	Unemployment compensation	8d.	\$	0.00	\$	
8 <b>e</b> .	Social Security	8e.	\$	0.00	\$	
8f.	Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food Stamps	ce 8f.	\$	357.00	\$	
0~			_	0.00		
-	Pension or retirement income	8g.	\$		\$	
8h.	Other monthly income. Specify: n/a	8h.	+ \$	0.00	+\$	
9. <b>Ad</b> d	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00	\$	
	ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	357.00	\$ <b> </b>	\$357.00
Inclu	e all other regular contributions to the expenses that you list in Sched ride contributions from an unmarried partner, members of your household, y ds or relatives.			nts, your roomi	mates, and other	
	ot include any amounts already included in lines 2-10 or amounts that are cify: Food Stamps	not av	/ailable	to pay expense	es listed in <i>Schedule J.</i> 11. <b>+</b>	\$0.00
	the amount in the last column of line 10 to the amount in line 11. The that amount on the Summary of Your Assets and Liabilities and Certain S					\$ 357.00
	you expect an increase or decrease within the year after you file this f	orm?				monthly income
	Yes. Explain:					

Sabrina

L.

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Fill in this information to ident	ify your case:			
Debtor 1 Sabrina First Name	L. McFarland	Check if this i	n,	
Debtor 2	Middle Name Last Name			
(Spouse, if filing) First Name	Middle Name Last Name	An amend	•	tpetition chapter 13
United States Bankruptcy Court for the	ne: Northern District of Illinois	expenses	as of the followin	petition chapter 13 g date:
Case number (If known)		MM / DD / \	MYY -	
Official Form 106J		-		
Schedule J: Yo	our Expenses			12/15
Be as complete and accurate as information. If more space is ne (if known). Answer every question Part 1: Describe Your H		ing together, both are equally resp n. On the top of any additional page	onsible for supply es, write your nam	ing correct
1. Is this a joint case?				
No. Go to line 2.				
Yes. Does Debtor 2 live in:	a separate household?			
□ No	,			
Yes. Debtor 2 must	file Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
2. Do you have dependents?	□ No			
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.		Female	23	O No
names.				Yes
			**************************************	☐ No ☐ Yes
				□ No
		A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		☐ Yes
		NAME		☐ No
	•			☐ Yes
		Marie The Committee of	********	☐ No ☐ Yes
<ol> <li>Do your expenses include expenses of people other than yourself and your dependents'</li> </ol>	☑ No ? ☐ Yes			
Part 2: Estimate Your Ongo	Ding Monthly Expenses			
	ur bankruptcy filing date unless you a	re using this form as a supplement	in a Chanter 42 o	
expenses as of a date after the ba applicable date.	ankruptcy is filed. If this is a suppleme	ental Schedule J, check the box at t	he top of the form	ase to report and fill in the
Include expenses paid for with no	on-cash government assistance if you	know the value of		
	ed it on Schedule I: Your Income (Offic		Your exper	ises
<ol> <li>The rental or home ownership any rent for the ground or lot.</li> </ol>	expenses for your residence. Include	first mortgage payments and	\$	0.00
If not included in line 4:				
4a. Real estate taxes		4	a. \$	0.00
4b. Property, homeowner's, or		4	b. \$	0.00
4c. Home maintenance, repair	·	4	c. \$	0.00
4d. Homeowner's association of	or condominium dues	4	d. \$	0.00

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Debtor 1 Sabrina L. McFarland Case number (#known)

			Your ex	penses
5	Additional mortgage payments for your residence, such as home equity loans	5.	S	0.00
	Utilities:	-		
	6a. Electricity, heat, natural gas	6a.	œ.	160.00
	6b. Water, sewer, garbage collection	6b.	Φ	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
	6d. Other. Specify: n/a	6d.	Ψ	0.00
7.		7.	¢	357.00
8.	Childcare and children's education costs	8.	e	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	50.00
10.	Personal care products and services	10.	\$	25.00
11.	Medical and dental expenses	11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare.		<u> </u>	
	Do not include car payments.	12.	\$	50.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance. Specify: n/a	15d.	\$	0.00
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: n/a	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify: n/a	17c.	\$	0.00
	17d. Other. Specify; n/a	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		0.00
19,	Other payments you make to support others who do not live with you.		\$	0.00
	Specify: n/a	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom.	ie.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debto	1 Sabrina L. McFarland First Name Middle Name Last Name	Case number (if known)	<del></del>	190 bilaning and a second a second and a second a second and a second a second and a second and a second a second a second
21. <b>O</b>	ther. Specify: <u>n/a</u>	21.	+\$	0.00
22. <b>C</b>	alculate your monthly expenses.	•••		
22	2a. Add lines 4 through 21.	22a.	\$	692.00
22	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	<b>22b</b> .	\$	0.00
22	c. Add line 22a and 22b. The result is your monthly expenses.	<b>22c</b> .	\$	692.00
23. <b>Ca</b>	culate your monthly net income.			
23a	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	357.00
23b	Copy your monthly expenses from line 22c above.	23b	· \$	692.00
230	Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .	23c.	\$	-335.00
24. <b>Do</b>	you expect an increase or decrease in your expenses within the year after you fi	île this form?		
	example, do you expect to finish paying for your car loan within the year or do you extigage payment to increase or decrease because of a modification to the terms of your			
Ø	No.			

Tyes.

Explain here:

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First Name Middle Name Last Name Debtor 2 Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Case number If known)					9	
Signature of Debtor 1   Detail Share   Debtor 2   Declaration   Declar	Fill in this i	nformation to ident	ify your case:			
Past terms	Debtor 1	Sabrina	L.	McFarland		
Check if this is amended filing   Technology   Check if this is amended filing   Check if this is amended						
Check if this is amended filing  Official Form 106Dec  Declaration About an Individual Debtor's Schedules  12/15  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person Tania Stoxstell  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  **Signature of Debtor 1**  Signature of Debtor 1  Date Official Form 20 Debtor 1		) First Name	Middle Name	Last Name	-	
Official Form 106Dec  Declaration About an Individual Debtor's Schedules  12/15  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No.  Yes. Name of person Tania Stoxstell  Alach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  Signature of Debtor 1  Date Of 21 2016	United States	Bankruptcy Court for the	e: Northern District	of Illinois		
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Declaration About an Individual Debtor's Schedules  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person Tania Stoxstell  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  Signature of Debtor 1  Signature of Debtor 2  Date Off 22 2016						amended filing
Declaration About an Individual Debtor's Schedules  If two married people are filing together, both are equally responsible for supplying correct information.  You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person Tania Stoxstell  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  Signature of Debtor 1  Signature of Debtor 2  Date Off 22 2016	Officia	l Form 106	)ec			
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You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  NO Yes. Name of person Tania Stoxstell  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  Signature of Debtor 1  Signature of Debtor 2  Date Of 21 2016	If two mar	ried people are filin	g together, both ar	e equally responsible for	Supplying correct information	
Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No Yes. Name of person Tania Stoxstell  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  Signature of Debtor 1  Date Of 20 2016  Signature of Debtor 1  Date  Date						-34
Sign Below  Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  NO  Yes. Name of person Tania Stoxstell  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  Signature of Debtor 1  Date Of 20 2016  Date	obtaining	money or property	by fraud in connec	tion with a bankruptcy ca	se can result in fines up to \$250 000, or impriso	nament for up to 20
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No Yes. Name of person Tania Stoxstell  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  Signature of Debtor 1  Signature of Debtor 2  Date	years, or b	both. 18 U.S.C. §§ 1	52, 1341, 1519, and	3571.		innent to: up to zo
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No Yes. Name of person Tania Stoxstell  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  Signature of Debtor 1  Signature of Debtor 2  Date						
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Yes. Name of person Tania Stoxstell  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  Signature of Debtor 1  Date Of 21 2016  Date		Sign Below				
Yes. Name of person Tania Stoxstell  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  Signature of Debtor 1  Date Of 21 2016  Date						
Yes. Name of person Tania Stoxstell  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  Signature of Debtor 1  Signature of Debtor 2  Date 04 206	Did yo	u pay or agree to pa	y someone who is	NOT an attorney to help )	ou fill out bankruptcy forms?	
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  **  Signature of Debtor 1  Date Of 21 2016  Date		_				
Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  **  Signature of Debtor 1  Date Of 21 2016  Date	<b>✓</b> Yes	s. Name of person Ta	nia Stoxstell	**************************************	Attach Bankruptcy Petition Preparer's Notice, Declai	ration, and
* Signature of Debtor 1  Date 04 21 20/6  Date					Signature (Official Form 119).	
* Signature of Debtor 1  Date 04 21 20/6  Date						
* Signature of Debtor 1  Date 04 21 20/6  Date						
* Signature of Debtor 1  Date 04 21 20/6  Date						
* Signature of Debtor 1  Date 04 21 20/6  Date	Under	penalty of perjury, I	declare that I have	read the summary and so	hedules filed with this declaration and	
Signature of Debtor 1 Signature of Debtor 2  Date 04 20/6 Date	that the	ey are true and corr	ect	·		
Signature of Debtor 1 Signature of Debtor 2  Date 04 20/6 Date						
Signature of Debtor 1 Signature of Debtor 2  Date 04 20/6 Date	¥ =		ema =			
Date <u>04 2/ 30/6</u> Date	Cianat	<u> Xillineso</u>	+ 111 faul			
Date 04 20/6 Date MM/ DD / YYYY	Signatu	ire of Debtor 1		' Signature of Deb	tor 2	
MM / DD / YYYY	,					
	Date (	DY 21 2016		Data		

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Fill in t	his information to ide	ntify your case:				
Debtor 1			arland			
Debtor 2	First Name	Middle Name	Łast Name			
	if filing) First Name	Middle Name	Last Name			
United S	states Bankruptcy Court for	the: Northern District o	f Illinois			
Case nu						M object to the
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					Check if this is an amended filing
						-
Offici	ol Earm 107					
	al Form 107				_	
					for Bankrupto	
Be as co informati	mplete and accurate a	as possible. If two mai	ried people are filin	g together, both are equ	ally responsible for suppl ditional pages, write your	ying correct
number (	if known). Answer ev	ery question.	ate sheet to this for	m. On the top or any ad-	ditional pages, write your	name and case
Part 1:	Give Details Abo	out Your Marital Sta	atus and Where Y	ou Lived Before		
1. Wha	t is your current marit	tal status?				
	Married Not married					
	you married					
2. Duris	ng the last 3 years, ha	ve you lived anywhere	other than where y	ou live now?		
9						
<b>2</b>	es. List all of the place	s you lived in the last 3	years. Do not include	where you live now.		
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
				☐ Same as Debtor 1		Same as Debtor 1
	7144 S. Jeffery E	Blvd.	From 01/01/201	4		
	Number Street		To 01/01/201	Number Street		From
	·					10
	Chicago	IL 60649				
	City	State ZIP Code	_	City	State ZiP Code	
				Same as Debtor 1		Same as Debtor 1
			From			_
	Number Street		To	Number Street		From
						То
	City	State ZIP Code	-	City	State ZIP Code	
3 With	in the last 8 was all	lyou over live with	narras ar landi accid	mlant in a new work	roperty state or territory?	
state	s and territories include	Arizona, California, Ida	ho, Louisiana, Nevad	a, New Mexico, Puerto R	ico, Texas, Washington, and	Community property d Wisconsin.)
<b>2</b> N						
LI Y	es. Make sure you fill o	ut Schedule H: Your Co	debtors (Official For	n 106H).		
Part 2:	Explain the Sourc	es of Your Income				
icial Form	. 407	<u> </u>	Innerial Affairs for			

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Debtor 1		cFarland Name	Case nu	umber (d known)	
If yo	you have any income from employme in the total amount of income you receive ou are filing a joint case and you have inc No Yes. Fill in the details.	d from all jobs and all bus	inesses, including part-ti	me activities	endar years?
422	res. rm in the details.	Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$	Wages, commissions, bonuses, tips	\$
		Operating a business		Operating a business	
	For last calendar year:	Wages, commissions, bonuses, tips	s 5,320.00	Wages, commissions, bonuses, tips	¢
	(January 1 to December 31, 2013	Operating a business	Y	Operating a business	Φ
	For the calendar year before that:	Wages, commissions,		Wages, commissions,	
	(January 1 to December 31,	bonuses, tips  Operating a business	\$	bonuses, tips  Operating a business	\$
List o	bling and lottery winnings. If you are filing each source and the gross income from e No Yes. Fill in the details.				and sector 1.
	co. I in in arc details.	Debtor 1	an needstran saligar	Debtor 2	ta da kanasa ay ya kasa a
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until		\$	TES SOUND TO THE TEST OF THE T	\$
	the date you filed for bankruptcy:				
			\$	448	\$
	For last calendar year:		B		s
	(January 1 to December 31, 2013)				
	YYYY				\$
	For the calendar year before that:		<b>S</b>		\$
	(January 1 to December 31,)				\$
	YYYY .				

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Debtor 1	Sabrina First Name Middle Nam	<u>L.</u>	McFarlan Last Name	d	_ Case	number (if known)	
	ŧ						
Part 3:	List Certain Payme	ents Yo	u Made Befo	re You File	for Bankruptcy		
6. Are ei	ther Debtor 1's or Debt	or 2'e do	hte primarily	ronguman dal			
□ No	incurred by an individ	iuai prima	arity for a perso	inal, family, or	household purpose."	are defined in 11 U.S.C. § 10	11(8) as
	During the 90 days be	fore you	filed for bankru	ptcy, did you p	ay any creditor a total o	f \$6,225* or more?	
	No. Go to line 7.						
	total amount	you paid	that creditor. D	lo not include i	\$6,225* or more in one payments for domestic s ments to an attorney for	or more payments and the upport obligations, such as	
	* Subject to adjustmer	nt on 4/01	/16 and every	3 years after th	nat for cases filed on or	after the date of adjustment.	
<b>☑</b> Ye	s. Debtor 1 or Debtor 2	or both	have primarily	consumer de	bts.		
	During the 90 days be	fore you t	filed for bankru	ptcy, did you p	ay any creditor a total o	f \$600 or more?	
	No. Go to line 7.						
	creator, Do n	iot include	e pavments for	domestic suni	\$600 or more and the to port obligations, such as ey for this bankruptcy ca	otal amount you paid that child support and sse.	
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
	Creditor's Name				\$	\$	☐ Mortgage
	u u. o ( tallo						Car
	Number Street						Credit card
							Loan repayment
							Suppliers or vendors
	City	State	ZiP Code				Other
					\$	\$	☐ Mortgage
	Creditor's Name						Car
	Number Street	·	****				Credit card
							Loan repayment
	**************************************			***************************************			Suppliers or vendors
	City	State	ZIP Code				Other
	<b>,</b>	CAGAG	Zir Code				——————————————————————————————————————
					\$	\$	П.,
	Creditor's Name				a with	***************************************	☐ Mortgage ☐ Car
	Number Street			·			Car Credit card
	Maither 2006						Credit card  Chair repayment
	***************************************			***************************************			Suppliers or vendors
	Cit.	Ol-1					Other
	City	State	ZIP Code				wat Uther

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ebtor 1	Sabrina First Name	Middle Name	L.	McFarland Last Name		****	Case number (if known	)
corpo agen such	ers include you orations of which it, including one as child suppor	r relatives; ai h you are an for a busine t and alimon	ny gener officer, ss you c y.	ral partners; rel director, persoi	latives of any n in control, c	general partners; or owner of 20% or	partnerships of which	who was an insider? ch you are a general partner; g securities; and any managing or domestic support obligations,
☐ Y	es. List all payn	nents to an ir	nsider.		Dates of payment	Total amount paid	Amount you still	Reason for this payment
	Insider's Name	——————————————————————————————————————	<del>~~</del> ,			\$	\$	
·	Number Street		W-73//L	TVIVING THE VIEW AND THE STREET				
,								
(	City		State	ZiP Code		\$	\$	
_	Insider's Name		·····	TA Married Mar	<del>~~~~~</del>	Ψ	Ψ	
-	Number Street							
7	Dity		State	ZIP Code				
an ins Includ Mo	e payments on	debts guarar	nteed or	cosigned by a		ayments or trans  Total amount paid		n account of a debt that benefit  Reason for this payment  Include creditor's name
īr	nsider's Name			***		\$	\$	
й	lumber Street		• • • • • • • • • • • • • • • • • • • •					
			<del></del>					
Ĉ	ity		State Z	ZIP Code				
Īn	sider's Name		<del> </del>	<del></del>		\$	\$	
N	umber Street							
			<del></del>		<del></del>			
Cit	ty		State Z	IP Code				

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btor 1	Sabrina First Name Mi	L ddie Name		McFarland	1	Case number (	(if known)	
	****							
Part 4	,							
LIQ( C	in 1 year before yo all such matters, incl contract disputes.	u filed for b uding persor	ankr nal in	uptcy, were jury cases, s	you a party ir mall claims ac	any lawsuit, court action, or a tions, divorces, collection suits,	administrative proc patemity actions, sup	eeding? oport or custody modificati
<b>⊠</b> N	lo 'es. Fill in the details	i.						
				Nature o	of the case	Court or agency		Status of the case
•	Case title	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Court Name		Pending  On appeal
	Case number					Number Street		Concluded
						City	State ZIP Code	
	Case title			_		Court Name		Pending On appeal
c	Case number	value and the second se		ganaga o		Number Street		Concluded
						City	State ZIP Code	<del></del>
	es. Fill in the informa	tion below.			Describe the p	oroperty	Date	Value of the property
	Creditor's Name		<del></del>				*****	
	Number Street				Explain what i	nappened		
		······································			☐ Property	was repossessed. was foreclosed.		
	City	State	ZIP	Code		was garnished. was attached, seized, or levied.		
					Describe the p	roperty	Date	Value of the property
	Creditor's Name							\$
	Number Street				Explain what h	appened		
			<del></del>		promise and the same and the sa	was repossessed. was foreclosed.		
	City	State	ZIP (			was foreclosed. was garnished.		
					· · · · · · ·	was attached spized or levied		

Document Page 52 of 60 Sabrina McFarland Debtor 1 Case number (if known)\_ 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? 2 No Yes. Fill in the details. Describe the action the creditor took Date action Amount was taken Creditor's Name Number Street State ZIP Code Last 4 digits of account number: XXXX-\_\_\_\_ 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Mo Mo ☐ Yes Part 5 **List Certain Gifts and Contributions** 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you \_\_\_\_ Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift Number Street State ZIP Code Person's relationship to you \_\_\_

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14. V	Vithin 2 years before you filed for bankru	ptcy, did you give any gifts or contributions with a total val	ue of more than \$1	500 to any charity?
Ę	<b>Z</b> I No			
C	$oldsymbol{1}$ Yes. Fill in the details for each gift or con	tribution.		
	Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
	Charity's Name		· · · · · · · · · · · · · · · · · · ·	\$
			-	\$
	Number Street			
	City State ZIP Code			
Part	6: List Certain Losses			
a M	isaster, or gambling?  No Yes. Fill in the details.	cy or since you filed for bankruptcy, did you lose anything  Describe any Insurance coverage for the loss	Decause or thert,	Value of property
	Describe the property you lost and	peacing any manage coverage for the loss	Date Of your	value of property
	Describe the property you lost and how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	loss	lost
		Include the amount that insurance has paid. List pending insurance		
	how the loss occurred  7. List Certain Payments or Trans	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Sters	loss	\$
jn In	7: List Certain Payments or Trans ithin 1 year before you filed for bankruptou consulted about seeking bankruptcy o	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Sfers  Cy, did you or anyone else acting on your behalf pay or tran	loss	\$
ie, W yo In	7: List Certain Payments or Trans lithin 1 year before you filed for bankruptou consulted about seeking bankruptcy oclude any attorneys, bankruptcy petition pre	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Sifers  Cy, did you or anyone else acting on your behalf pay or tran r preparing a bankruptcy petition?  parers, or credit counseling agencies for services required in your parers.	isfer any property	\$to anyone
ie, W yo In	List Certain Payments or Trans lithin 1 year before you filed for bankruptcy oclude any attorneys, bankruptcy petition pre	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Sifers  Cy, did you or anyone else acting on your behalf pay or trans r preparing a bankruptcy petition?	loss	\$
ie, W yo In	List Certain Payments or Trans lithin 1 year before you filed for bankrupto ou consulted about seeking bankruptcy o clude any attorneys, bankruptcy petition pre No Yes. Fill in the details.  001Debtorcc Inc. Person Who Was Paid 372 Summit	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Sifers  Cy, did you or anyone else acting on your behalf pay or tran r preparing a bankruptcy petition?  parers, or credit counseling agencies for services required in your parers.	sfer any property our bankruptcy.  Date payment or transfer was made	to anyone  Amount of payment
ie, W yo In	7: List Certain Payments or Trans lithin 1 year before you filed for bankruptcy oclude any attorneys, bankruptcy petition pre l No l Yes. Fill in the details.  001Debtorcc Inc.  Person Who Was Paid	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Sifers  Cy, did you or anyone else acting on your behalf pay or transfer preparing a bankruptcy petition?  parers, or credit counseling agencies for services required in your behalf pay or transferred.	sfer any property our bankruptcy.  Date payment or transfer was	\$to anyone
ie, W yo In	List Certain Payments or Trans lithin 1 year before you filed for bankrupto ou consulted about seeking bankruptcy o clude any attorneys, bankruptcy petition pre No Yes. Fill in the details.  001Debtorcc Inc. Person Who Was Paid 372 Summit	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Sifers  Cy, did you or anyone else acting on your behalf pay or transfer preparing a bankruptcy petition?  parers, or credit counseling agencies for services required in your behalf pay or transferred.	sfer any property our bankruptcy.  Date payment or transfer was made	to anyone  Amount of payment
ie, W yo In	List Certain Payments or Translithin 1 year before you filed for bankruptcy or clude any attorneys, bankruptcy petition prediction of Yes. Fill in the details.  001Debtorce Inc.  Person Who Was Paid  372 Summit  Number Street  Jersey City NJ 07306	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Sifers  Cy, did you or anyone else acting on your behalf pay or transfer preparing a bankruptcy petition?  parers, or credit counseling agencies for services required in your behalf pay or transferred.	sfer any property our bankruptcy.  Date payment or transfer was made	to anyone  Amount of payment

Case number (if known)\_\_\_\_\_

First Name Middle Name

Last Name

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Document Page 55 of 60 Sabrina Debtor 1 McFarland Case number (if known) 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) M No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Mo No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved. closing or transfer or transferred Name of Financial Institution XXXX-\_\_\_\_\_ Checking Savings Number Street Money market ☐ Brokerage ZIP Code Other Checking XXXX-Name of Financial Institution Savings Number Street Money market ☐ Brokerage Other\_ State ZIP Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? M No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? □ No Name of Financial Institution Q Yes Name Number Street Number Street State ZIP Code City State ZIP Code

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City

State

ZIP Code

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OF 1	Sabrina		L.	McFarland	0	
	First Name	Middle Name		Last Name	Case number (# known)	
Have	you notified an	y governme	ental u	nit of any release of hazardou	us material?	
Ø N	io					
Q Y	es. Fill in the de	tails.				
				Governmental unit	Environmental law, if you know it	Date of notice
						Date of Hotici
	Name of site	·····	<del></del>			
	The state of the s			Governmental unit		
	Number Street			Number Street		
			-	City State Zi	P Code	
ì	City	State	ZIP Cod	Δ.		
	r		<b></b> 000	•		
lave	you been a party	/ in any judi	icial o	r administrative proceeding u	ınder any environmental law? Include settle	ments and orders
ZÍ N	o					
□ Ye	s. Fill in the det	ails.				
				Court or agency	Nature of the case	Status of the
_	224				Matche of the case	case
Ca	se title					О.
				Court Name		Pending
				Number Street		On appe
						Conclude
Ca	se number			City State	ZIP Code	
					£11 40de	
	A sole propriet	or or seit-ei limited liab	mploy	ed in a trade, profession, or company (LLC) or limited liabil	ess or have any of the following connections other activity, either full-time or part-time ity partnership (LLP)	to any business (
	An officer, dire	ctor, or mar	naging	executive of a corporation		
				oting or equity securities of a	cornoration	
					corporation	
	. None of the ab	ove applies	. Go te	o Part 12. fill in the details below for ea		
	or ornorit and and	appry abov	o and	Describe the nature of the		
B	usiness Name				minproyer identifica	tion number al Security number or ITIN.
-	MANIE OF THE STATE				Po Not monde out	al Security Illimber of ISIN.
N:	umber Street		· · · · · · · · · · · · · · · · · · ·	<del></del>	EIN:	
				Name of accountant or boo	okkeeper Dates business exis	stad
				<del></del>	· Sama nualitese exis	TEG U
					From	То
Cit	ty	State Zi	P Code			• • • • • • • • • • • • • • • • • • • •
				Describe the nature of the	multiplet intelligence	
	siness Name	***************************************			Do not include Socia	al Consumba a an ITIM
Bu						a Security number of 1144.
			_			
	mber Street		***************************************	klama of consumition	EIN:	
	mber Street		***************************************	 Name of accountant or boo	EIN:	
	mber Street			 Name of accountant or boo	EIN:	ted
		State ZiFi	> Code	Name of accountant or boo	EIN:	ted

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Part 12

Debtor 1

answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

* Salvo & marked	<b>X</b>	
Signature of Debtor 1	Signature of Debtor 2	
Date 4/2//6	Date	
Did you attach additional pages to Your Statement of Fin	nancial Affairs for Individuals I	Filing for Bankruptev (Official Form 107)?
₩ No Yes		, , , , , , , , , , , , , , , , , , ,
Did you pay or agree to pay someone who is not an attor	rney to help you fill out bankru	uptcy forms?
Yes. Name of person Tania Stoxstell		Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Debtor 1	Sabrina		McFarland
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Sankruptcy Court for	the: Northern District of	of Illinois
Case number			
(if known)			<del>*************************************</del>

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- m creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1 List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the propert as exempt on Schedule C
Creditor's name:	☐ Surrender the property.	□ No
Description of	Retain the property and redeem it.	☐ Yes
property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's name:	☐ Surrender the property.	☐ No
Description of	Retain the property and redeem it.	☐ Yes
property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	☐ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	□ fes
	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
<b>3</b>	Retain the property and [explain]:	

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Debtor 1 S

Sabrina		L.		McFarland
First Name	Middle Name		ast Name	***************************************

Case number (if known)\_\_\_\_\_

**List Your Unexpired Personal Property Leases** 

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

	• • • • • • • • • • • • • • • • • • • •
Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: James Craig	□ No
Description of leased Residential Apartment Lease property:	<b>☑</b> Yes
Lessor's name:	
account marine.	□ No
Description of leased property:	☐ Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
essor's name:	□ No
Description of leased property:	☐ Yes
essor's name:	□ No
Description of leased roperty:	☐ Yes
essor's name:	The
	□ No
escription of leased roperty:	☐ Yes
essor's name:	······································
ASSOL S Hame.	□ No
escription of leased roperty:	☐ Yes
33 Sign Below	
nder penalty of perjury, I declare that I have indicated my intenti rsonal property that is subject to an unexpired lease.	ion about any property of my estate that secures a debt and any
Λ	
Solve of motales x	
ignature of Debtor 1 Signature	of Debtor 2
ate M/1/2016 Date MM/	DD / YYYY